

# Consultation sheet

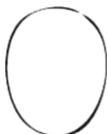
## iHB2C11 – VTCT (ITEC) Level 2 Certificate in Cutting Ladies' Hair

Portfolio reference:

<b>Learner name:</b>			
<b>Learner number:</b>			
<b>Client name:</b>		New client <input type="checkbox"/>	Regular client <input type="checkbox"/>
<b>Date:</b>			
Advise and consult with clients for hair services <input type="checkbox"/>	Shampoo, condition and treat the hair and scalp <input type="checkbox"/>		
Style and finish hair using a variety of techniques <input type="checkbox"/>	Cut ladies' hair using a variety of techniques <input type="checkbox"/>		
<b>Service overview/ service timings:</b>	Client wishes/occasion:		

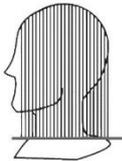
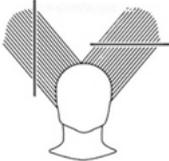
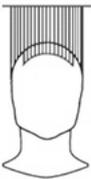
Hair classifications	Texture		
	1a Fine	1b Medium	1c Coarse
Type 1 – Straight hair	Straight <input type="checkbox"/>	Straight with volume <input type="checkbox"/>	Straight difficult hair <input type="checkbox"/>
	2a Fine	2b Medium	2c Coarse
Type 2 – Wavy hair	'S' pattern <input type="checkbox"/>	Frizzy 'S' pattern <input type="checkbox"/>	Very frizzy 'S' pattern <input type="checkbox"/>
	3a Fine	3b Medium	3c Coarse
Type 3 – Curly hair	Soft curl <input type="checkbox"/>	Loose curl <input type="checkbox"/>	Tight curl <input type="checkbox"/>
	4a Fine	4b Medium	4c Coarse
Type 4 – Very curly hair	Tightly coiled curl pattern <input type="checkbox"/>	Z pattern & spring curl <input type="checkbox"/>	Tight Z pattern <input type="checkbox"/>

Influencing factors:					
Density (amount of hair)	Thick <input type="checkbox"/>	Medium <input type="checkbox"/>	Thin <input type="checkbox"/>		
Hair length	Above shoulder <input type="checkbox"/>	Below shoulder <input type="checkbox"/>	One length <input type="checkbox"/>	Layered <input type="checkbox"/>	Fringe <input type="checkbox"/>
Skin tone	Warm <input type="checkbox"/>	Neutral <input type="checkbox"/>	Cool <input type="checkbox"/>	Ash <input type="checkbox"/>	
Hair condition	Balanced/normal <input type="checkbox"/>	Heat damaged <input type="checkbox"/>	Chemically damaged <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Environmentally damaged <input type="checkbox"/>
Scalp condition	Balanced/normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Dandruff <input type="checkbox"/>	Dry <input type="checkbox"/>	Product build-up <input type="checkbox"/>
Chemically treated	Non-chemically treated <input type="checkbox"/>	Previously permed <input type="checkbox"/>	Previously coloured <input type="checkbox"/>	Previously highlighted <input type="checkbox"/>	Previously relaxed <input type="checkbox"/>
Growth patterns	Cowlick <input type="checkbox"/>	Widow's peak <input type="checkbox"/>	Nape whorl <input type="checkbox"/>	Double crown <input type="checkbox"/>	Male pattern baldness <input type="checkbox"/>

Face shapes:					
					
Oval	Square	Round	Heart	Oblong	Diamond

Will the contra-indications affect the service:			Advice given/actions taken
History of allergic reaction colour	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other known allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Skin disorders and diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Incompatibility of products on hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical advice or instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Evident hair damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Recent injuries/scar tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Removal of extensions/plaits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lifestyle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Personal protective equipment:					
PPE	Gown <input type="checkbox"/>	Cutting collar <input type="checkbox"/>	Towel(s) <input type="checkbox"/>	Cotton wool <input type="checkbox"/>	Cape <input type="checkbox"/>
	Neck protection <input type="checkbox"/>	Cap <input type="checkbox"/>	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	Chemical-proof gown <input type="checkbox"/>

Ladies' hair cut type:			
			
One length <input type="checkbox"/>	Short or long graduation <input type="checkbox"/>	Square layer <input type="checkbox"/>	Uniform <input type="checkbox"/>
Combination of haircuts: (state) <input type="checkbox"/>		Disconnection <input type="checkbox"/>	

Testing hair results:					
Porosity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Elasticity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		

Tools/Equipment:										
Tools/Equipment used	Multi-purpose/ wide tooth comb	<input type="checkbox"/>	Cutting comb	<input type="checkbox"/>	Pin tail comb	<input type="checkbox"/>	Tail comb	<input type="checkbox"/>	Dressing comb	<input type="checkbox"/>
	Round brush(es)	<input type="checkbox"/>	Vent brush	<input type="checkbox"/>	Flat brush	<input type="checkbox"/>	Bristle brush	<input type="checkbox"/>	Conical wand	<input type="checkbox"/>
	Handheld dryer	<input type="checkbox"/>	Diffuser	<input type="checkbox"/>	Handheld dryer nozzles	<input type="checkbox"/>	Curling tongs	<input type="checkbox"/>	Water spray	<input type="checkbox"/>
	Hot brush	<input type="checkbox"/>	Straighteners	<input type="checkbox"/>	Hood dryer	<input type="checkbox"/>	Timer	<input type="checkbox"/>	Cotton wool	<input type="checkbox"/>
	Heat accelerator	<input type="checkbox"/>	Steamer	<input type="checkbox"/>	Heated damp towels	<input type="checkbox"/>	Pin curl clips	<input type="checkbox"/>	Sectioning clips/clamps	<input type="checkbox"/>
	Mirror	<input type="checkbox"/>	Neck brush	<input type="checkbox"/>	Bowl and brush	<input type="checkbox"/>	Clipper attachments/ grades	<input type="checkbox"/>	Scissors	<input type="checkbox"/>
	Razors	<input type="checkbox"/>	Thinning scissors	<input type="checkbox"/>	Clippers	<input type="checkbox"/>	Extension needle	<input type="checkbox"/>	Sponge	<input type="checkbox"/>
	Other:									

Service information/techniques used:										
Shampoo/condition /treatment	Effleurage	<input type="checkbox"/>	Petrissage	<input type="checkbox"/>	Rotary	<input type="checkbox"/>	Tapotement	<input type="checkbox"/>	Friction	<input type="checkbox"/>
Ladies' cutting	Club cutting	<input type="checkbox"/>	Scissor over comb	<input type="checkbox"/>	Clipper over comb	<input type="checkbox"/>	Freehand	<input type="checkbox"/>	Texturising	<input type="checkbox"/>
	Thinning	<input type="checkbox"/>	Covering the ear	<input type="checkbox"/>	Around the ear	<input type="checkbox"/>	With fringe	<input type="checkbox"/>		
Style and finish	Creating curl	<input type="checkbox"/>	Straightening	<input type="checkbox"/>	Smoothing	<input type="checkbox"/>	Creating movement	<input type="checkbox"/>	Creating volume	<input type="checkbox"/>

Products use:										
Shampooing	Balanced/ normal	<input type="checkbox"/>	Oily	<input type="checkbox"/>	Product build-up	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Heat damaged	<input type="checkbox"/>
	Environmentally damaged	<input type="checkbox"/>	Fine/limp	<input type="checkbox"/>	Pre-perming/chemical process	<input type="checkbox"/>				
Conditioning/ treatments	Surface	<input type="checkbox"/>	Penetrating	<input type="checkbox"/>	Scalp treatment	<input type="checkbox"/>	Dandruff affected	<input type="checkbox"/>	Dry scalp	<input type="checkbox"/>
	Pre-perming/ chemical process	<input type="checkbox"/>	Post-perming/ chemical process	<input type="checkbox"/>	Treatment: (state)					<input type="checkbox"/>
	Oils	<input type="checkbox"/>	Creams	<input type="checkbox"/>	Spirit based	<input type="checkbox"/>	Lotions	<input type="checkbox"/>		
	Other: (state)									
Style and finish	Lotions	<input type="checkbox"/>	Mousse	<input type="checkbox"/>	Activator	<input type="checkbox"/>	Gel	<input type="checkbox"/>	Heat protector	<input type="checkbox"/>
	Spray	<input type="checkbox"/>	Wax	<input type="checkbox"/>	Cream	<input type="checkbox"/>	Serum	<input type="checkbox"/>	Gloss	<input type="checkbox"/>

Advice and recommendations:			Advice given
How to maintain style/service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Time interval between services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How lifestyle can be affected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Areas for future development:		
Service		
Techniques		
Timing		
Communication		
Client care		
Other		

Assessor/Lecturer signature:	Date:
Learner signature:	Date:

Additional information (If required):